PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

maintenance fee notifica	itions.			JE FEE and PUBLIC rders and notification a) specifying a new c					should be completed when correspondence address a arate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						s) Transmittal. Thi	is certi Il nane	ficate cannot be used i	or domestic mailings of the for any other accompanying ent or formal drawing, mus	
TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834						Certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SAN FRANCIS				Dana Kane		1	(Depositor's name)			
			M	re	Jane	(Signature)				
						12/19/2007	7		(Date)	
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/789,159 02/27/2004 Takahiro Ochiya 082368-000200US 8186 TITLE OF INVENTION: METHODS FOR INDUCING DIFFERENTIATION OF PLURIPOTENT CELLS										
	· · · · · · · · · · · · · · · · · · ·									
APPLN. TYPE	SMALL ENTITY 1		SUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700	12/28/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
BARNHART, LORA ELIZABETH			1651	435-377000						
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ***Townsend and** ***Townsend and** ***Crew LLP**						
3. ASSIGNEE NAME A				-		•				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Effector Cell Institute, Inc. Meguro-Ku, Japan										
Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🔽 Co	rporati	on or other private gro	oup entity Government	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 1				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 201430 (enclose an extra copy of this form).						
5. Change in Entity Sta a. Applicant claim	tus (from status indicated s SMALL ENTITY state		,	b. Applicant is no	long	er claiming SMAL	L EN	TITY status. See 37 CF	FR 1.27(g)(2).	
	d Publication Fee (if requ	iired) 🖈	vill not be accepted	from anyone other th					e assignee or other party in	
Authorized Signature	1/6	L	- Tudomark	onice.		Date	12/1	9/2007		
Typed or printed name	e Revin L	Bas	stian	•		Registration N				
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 Ctiality is governed by 35 d application form to the cons for reducing this builting in 22313-1450. DC	FR 1.3 U.S.C. USPT den, sh	11. The information 122 and 37 CFR O. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection is depending upon the i Chief Information O COMPLETED FORM	or restindivi	tain a benefit by the mated to take 12 m dual case. Any con , U.S. Patent and 7 THIS ADDRESS	ne publ ninutes mment Fradem . SENI	ic which is to file (and to complete, including s on the amount of tin tark Office, U.S. Depa of TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.